

Arkansas Trauma Communications Center Neurotrauma Go-by
Neurological & Neurosurgical Capability In The Care Of Trauma Patients

Objectives:

1. To assure transportation of trauma patients to the most appropriate Trauma Center (1-4) that is staffed, equipped, and prepared to administer emergency trauma care appropriate to the needs of the patient.
2. To assure pre-hospital transporting units are not unreasonably removed from their area of primary response when transporting trauma patients.

Head Trauma requiring immediate Neurosurgical treatment is defined as:

1. Any penetrating injury to the brain.
2. Depressed skull fractures.
3. Signs of lateralizing mass effects such as significant asymmetry in pupil size in a patient with a significant head injury, decerebrate or decorticate posturing.
4. Confirmed Loss of Consciousness greater than 5 minutes or continued unconsciousness upon EMS arrival.

Spinal Trauma requiring Neurosurgical capability and/or capacity falls into the following category:

1. A spine injury with loss of sensory or motor function or paralysis.

If there are NONE of the above conditions, the ATCC will recommend that EMS transport to the closest facility & not consider these patients to be in a “Neuro” category despite the mechanism of injury or possible chief complaints.

If there are the above conditions, yet **no signs or symptoms of hypotension or airway compromise**, the ATCC will recommend EMS transport **directly to a facility with immediate Neurosurgical capability or capacity**.

If there are the above conditions, **WITH signs or symptoms of hypotension or airway compromise**, the ATCC will recommend EMS transport directly to the **closest facility, regardless of immediate Neurosurgical capability or capacities**.